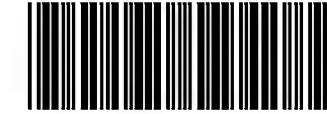


## APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	SERIES ARC DETECTION
<b>Application Type :</b>	regular, utility
<b>Attorney Docket Number :</b>	126819
<b>Correspondence address:</b>	
<b>Customer Number:</b>	023413
	
<b>Inventors Information:</b>	
<b><u>Inventor 1:</u></b>	
<b>Applicant Authority Type:</b>	Inventor
<b>Citizenship:</b>	US
<b>Given Name:</b>	Cecil
<b>Family Name:</b>	Rivers
<b>Name suffix:</b>	Jr.
<b>Residence:</b>	
<b>City of Residence:</b>	New Britain
<b>State of Residence:</b>	CT
<b>Country of Residence:</b>	US
<b>Address-1 of Mailing Address:</b>	375 Farmington Avenue
<b>Address-2 of Mailing Address:</b>	Apt. 4-P
<b>City of Mailing Address:</b>	New Britain
<b>State of Mailing Address:</b>	CT
<b>Postal Code of Mailing Address:</b>	06053
<b>Country of Mailing Address:</b>	US
<b>Phone:</b>	
<b>Fax:</b>	
<b>E-mail:</b>	
<b><u>Inventor 2:</u></b>	
<b>Applicant Authority Type:</b>	Inventor
<b>Citizenship:</b>	NG
<b>Given Name:</b>	Adekunle
<b>Family Name:</b>	Adeleye

**Residence:**

**City of Residence:** Charlottesville  
**State of Residence:** VA  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 378 Four Seasons Drive  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Charlottesville  
**State of Mailing Address:** VA  
**Postal Code of Mailing Address:** 22901  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 3:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Marcel  
**Family Name:** Tardif  
**Residence:**  
**City of Residence:** New Britain  
**State of Residence:** CT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 809 West Main St.  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** New Britain  
**State of Mailing Address:** CT  
**Postal Code of Mailing Address:** 06053  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Assignee 1:

**Organization Name:** General Electric Company  
**Address-1 of Mailing Address:** 1 River Road  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Schenectady  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 12345  
**Country of Mailing Address:** US

**Phone:**

**Fax:**

**E-mail:**